

Staff Quality as Determinant of Records Preservation and Conservation Practices in Selected Hospitals in Oyo State, Nigeria.

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*Abstract- Records Preservation and Conservation Practices (RPCP) is inevitable for record personnel that provide adequate health information and services in the hospitals. Preliminary investigations showed that adequate priority has not been given to records preservation and conservation practices in hospitals in Ibadan. This may be as a result of non-use of ICTs by records personnel or their low quality (in terms of educational qualification, ICT literacy skills, training) to drive RPCP. Little attention, however, has been paid to factors that could predict good records preservation and conservation practices among records officers in hospitals in Ibadan. It is on this background that the study investigated staff quality as determinants of records preservation and conservation practices in selected hospitals in Ibadan. Self-efficacy Theory was used as the framework, while the survey design of the correlational type was adopted. All the 190 records officers in five hospitals in Ibadan, Oyo State were enumerated. The instruments used were Staff quality ($\alpha=0.995$) scales and Records preservation and conservation ($\alpha=0.785$) scales. Quantitative data were analysed using descriptive statistics, Pearson Product Moment Correlation and Multiple regressions at 0.05 level of significance. About 55.4% of the respondents were of the senior cadre and 69% possessed first degree certificate. The RPCP (proper handling of records $x=3.83$, environmental control on records 3.78). The $SQ=50.98$ was high against 2.0 test of norm. There is a positive significant relationship between staff quality and records preservation and conservation practices by the records officers ($r=.631^{**}$; $df=183$; $p<0.01$). The staff quality ($B=.600$) relatively contribute to*

RPCP. Staff quality determined records preservation and conservation practices in selected hospitals in Ibadan. Hospitals in Ibadan, Oyo State should address staff quality to drive records preservation and conservation practices.

Index Terms- Staff quality, Preservation and conservation practices.

I. INTRODUCTION

Hospital as an organisation of public health deals with life and health of patients. As many may think, the hospital is not only a place where sick people are taken care of, but a place where the health and wellbeing of people are maintained. Delivery of good medical care in the hospital requires a good record keeping. This is because without an accurate, comprehensive, up-to-date and accessible patient' case notes, health personnel may not be able to offer the best treatment or as the case may be misdiagnosed. This may however result in grave consequences. Records as evidence of the hospitals accountability for its actions and a key source of data for medical research, statistical reports and health information system must be preserved and conserved. This however, can be ensured through the use of information and communication technology driven by high quality staff.

Records may be defined as information that has been recorded, regardless of the format or medium in which it was acquired, or information that has been created and kept by establishments in order to meet their legal or statutory requirements, or any kind of record keeping. They include any type of paper, book, photograph, microfilm, map, sketch, or chart, as well as any other machine-readable records and magnetic tape. Effective and efficient record management requires the use of competent conservation and preservation practices. According to Popoola (2001), records management programmes are a collection of interconnected tasks or activities that are intended to achieve efficiency and effectiveness in maintaining records throughout their life-cycle. That is, the production of records, the maintenance of active records, inactive records, and the disposition of records. A record, regardless of the medium, is defined by the International Organisation for Standardisation as "information created, received, and preserved as proof by an organisation or person in the transaction of business or in the pursuit of legal duties. They include things like birth certificates, tax returns, and educational certificates, among other things.

Records play a significant role in administration because managers and administrators utilise them frequently for making decisions and carrying out a variety of administrative responsibilities. Hospitals also rely on records for strategic planning and effective execution, as well as for sound policy formulation and implementation. The information in records helps to inform and educate hospital administrators on issues that affect them (Umar, 2005). Moreover, records are significant data sources for study. According to Popoola (2010), the documented data known as "record" is what truly keeps organisations operating in the current bureaucratic system that penetrates the governance of organisations. One cannot overstate the importance of records preservation and conservation since decision-making requires recorded information from organisations, which can only be ensured via careful planning and prompt access to records. Hospitals in Nigeria maintain, control, and use records for a variety of reasons, including everyday operations, personnel, and equipment concerns.

According to International Records Management Trust (1999), examples of records in the hospital includes: patient's case notes, X-rays, pathological specimens and preparations, patients indexes and registration, pharmacy and drug records, central administrative records, administrative records in clinical department, nursing and ward records and educational records. Patient's case notes when a patient interacts with a member of the medical team, a case note is prepared or written. Moreover, communication with nurses, physiotherapists, and other healthcare professionals can be documented in notes. Case notes include patient histories, findings from diagnostic tests, charts for blood pressure, temperature, and other measurements, as well as information on surgeries and other forms of treatment. In the majority of hospitals, all of the notes related to a patient are kept in a single file with the patient's name and other identifying information.

Preservation and conservation is a term used synonymously by a layman to connote the process directed at prolonging the life span of information resources and records within an organisation. Yet, despite the fact that both of these concepts are used to describe the protection of information assets and their storage in an organisation, they are distinct. According to Osunrinde and Adetunla (2017), the term preservation and conservation refer to a broad range of actions, ideas, rules, and structures that guarantee the applicability, durability, and accessibility of knowledge that has been documented. General collections restoration, reformatting (microfilming, photocopying, and digitisation), environmental monitoring and control, material care and handling, disaster preparedness and recovery, binding, and preservation teaching and training are a few examples of these activities.

Preservation refers to any management initiatives created and implemented in an organisation with the goal of ensuring the ongoing use of information resources. Environmental control (temperature and humidity, heating, ventilation, air conditioning, cold storage, light, maintenance and housekeeping), education (basic guidelines for using research materials, staff training, and patron education), disaster planning and response (evacuation of clients

and staff, contingency plans during an emergency, collection priorities, general assessment or survey, and disaster recovery), staffing, and storage techniques are some of these activities (Ambika and Begum, 2017). On the other hand, conservation entails focused measures that are taken immediately to address and reverse deterioration of information resources within an organisation (Balloffet and Hille, 2009). It follows that although conservation comprises direct and hands-on treatment, physical treatment provided to specific items in the organisation's collections, preservation entails the overall and indirect measures meant for the safeguarding of all the organisation's assets.

In preservation, every aspect of preservation is taken into account in order to conserve the materials, including housing, a stable atmosphere, a storage system, security against dangers like theft and mutilation, disaster readiness like floods, fires, tornadoes, and earthquakes, as well as improper handling. Hence, preservation is a broader notion than conservation, which is the direct physical action that stops or slows down the deterioration of library resources. Both conservation and preservation can be thought of as preventive and interventional actions (Ogunmodede and Ebijuwa, 2013). In many hospitals, maintaining records is a task that is frequently undervalued and disregarded. Hospital records management can be made effective and efficient by having strong, well-thought-out preservation and conservation processes; on the other hand, failing to follow these procedures can result in the destruction of crucial documents and the loss of information in hospitals.

The terms conservation and preservation are interchangeable, according to Srivastava and Kumar (2017). Although they are connected, technically these two words mean separate things. From this, it may be inferred that conservation and preservation refer to the actions taken to keep a thing secure from harm or loss, damage, destruction, or decay and to preserve it in a reasonably good shape for use now and in the future. When compared to conservation, preservation focuses on the ongoing care while the latter addresses the therapeutic aspect. Preserving important library and archive resources in accessible form for as long as possible through preservation and

conservation procedures is a primary goal (IFLA-PAC China Centre, 2006). The goals of preservation and conservation are to prevent or lessen the deterioration of documents' physical and chemical properties. According to Jordan (2003), preservation and conservation serve as catchalls for a wide range of actions, ideas, rules, and techniques that guarantee the utility, durability, and accessibility of knowledge that has been documented. Repairing general collections, reformatting (microfilming, photocopying, and digitising), and maintaining a controlled atmosphere are all examples of preservation and conservation tasks. Others include training and education in binding and preservation, material handling and care, disaster preparedness, and recovery.

Hospital records preservation practices may include things like creating policies, designing buildings, installing equipment, controlling the atmosphere, educating patients, preparing for disasters, staffing emergency rooms, and using different storage techniques (Balloffet and Hille, 2009). But, conservation practices can also involve things like emergency preparedness and response, bookbinding, laminating, photocopying, wrapping, book repairs, and lamination (Ambika and Begum, 2017). Balloffet and Hille (2009) add that conservation emphasizes the physical treatment of particular objects or collections and can involve both straightforward preventive measures and more involved treatments that could take many weeks to complete. Preservation and conservation practices like digitisation, periodic fumigation, integrated pest management system, and routine general cleaning and dusting at regular intervals are relevant to the current study.

Regardless of its formats, the goal of preservation and conservation is to guarantee the long-term retention of essential information resources (i.e. electronic or paper). Maintaining services and improving communication between various work units within an organisation are made possible by good preservation and conservation methods (Mathioudakis, Rousalova, Gagnut, Saad and Hardavella, 2016). It is regrettable that crucial tasks like cataloging and categorisation, acquisition, circulation, and serial management, which are performed by libraries and information centres, have

received more attention than tasks like preservation and conservation (Rasaki and Abioye, 2013). Teper (2005) claims that while other library tasks are clearly established using the example of the library as a yardstick, the duties of effectively maintaining and preserving collections remain a mandate that is only partially performed. The failure to properly allocate resources and facilities to designated sections or units in hospitals may have an impact on hospital coordination and administration. Preservation and conservation are crucial records keeping practices in hospitals that should not be neglected. A factor of concern to records preservation and conservation practices in hospitals is the records staff quality.

Conceptually staff quality signify different things to different people. Although the term is rarely used in modern human resource literature, its meaning in common usage refers to an employee's efficacy and efficiency in achieving results in a certain situation. However, in this study, staff quality is defined as the information and communication technology (ICT) abilities, academic credentials, and trainings that hospital records officers have undergone and applied to their performance of records preservation and conservation. Hospital records workers are expected to have a certain level of academic training in order to be hired and perform their duties. Academic credentials can include professional certifications, undergraduate degrees, graduate and professional degrees, as well as graduate and professional degrees with distinctions or honors for graduates with high point averages (Akers, 2023). Given that these records officers have been awarded academic stature, an increasing trend mandates that professionals responsible for preservation and conservation practices acquire educational qualification comparable to those of their colleagues.

Hence, it is also anticipated that those in charge of keeping hospital records will need to deliver prompt and accurate records for intentional services that support the overarching mission of their parent institutions. Apart from having the academic credentials necessary to determine their efficacy in their professional responsibilities and to increase the level of pleasure that clients obtain from the services they provided, records officers also need to be professional competent. Thus, records officers in

hospitals should also have a certain level of professionally competent that they have acquired via training. Training is a process of acquiring knowledge, skills and attitudes that are necessary for employee effectiveness and efficiency towards achieving organisational goals and objectives. Staff training is important because it enhances efficiency and productivity. Some authors use the terms "training" and "development" as one while some sees the two concepts differently.

It also indicates whether or not hospital records personnel are prepared to perform records preservation and conservation whether they have acceptable information and communication literacy skills. For hospital records personnel to perform services effectively, they need to have a wide understanding of the methods and applications of records preservation and conservation in the context of the changing global environment. ICTs literacy skills, according to Edesire and Odede (2013), are concerned with the application of information and communication technology to specific purposes. For them, this goes beyond the use of software programmes, operating system keyboard usage, or the ability to copy, type, and follow instructions. Instead, it involves the integrated use of all ICTs literacy skills to create and present information as part of a task. The knowledge of operating systems, the design of databases, and the rules that should be programmed into computers are among the ICTs literacy abilities that hospital records personnel should have. Being unable to use ICTs tools can result in resistance to technology, which is recognised as the main barrier to embracing new technology.

In summary, for records officers in hospitals to bring about meaningful changes in records preservation and conservation practices and attain high job performance, the roles of ICTs use and staff quality cannot be overlooked. When ICTs is used, records preservation and conservation practices are likely to be in a positive direction. Staff quality on the other hand is a means of producing positive records preservation and conservation practices as their benefits are evident at several levels for both records officers and other workers in hospitals. However, few studies have established the effect of ICTs use and

staff quality on records preservation and conservation practices in selected hospitals. As a result of the significance of the independent variables (staff quality) on dependent variables (preservation and conservation practices), this study investigates staff quality as determinant of records preservation and conservation practices in selected hospitals in Oyo State, Nigeria.

II. STATEMENT OF THE PROBLEM

Preservation and conservation practices are practices undertaken to minimise and reduce the physical and chemical deterioration of documents. These are also arrays of activities, principles, actions and mechanisms that ensure the continued usability, longevity and accessibility of recorded knowledge are ensured and sustained. Preservation and conservation practices include: digitisation, periodic fumigation, integrated pest management system, general cleaning and dusting. Preservation and conservation practices are to ensure continuous running of hospitals and to increase the longitivity of active materials through careful storage and use.

Preserving and conserving of records in hospitals have been faced many challenges which may hinder smooth administration in hospitals. Despite the importance of preservation and conservation of records in hospitals, literature has revealed that records preservation and conservation practices in hospitals are still ineffective and not being accorded required priority.

The low level of quality of health record officers in hospitals could account for unpleasant incidences in preservation and conservation practices in hospitals. If the quality of records officers is low, it can deter the effectiveness of any preservation and conservation practices by record officers in the hospitals. On the other hand, if health records officers are skillful in their duties, possess required experience and ICT literacy skills coupled with good educational qualification, it will improve the efficiency of records preservation and conservation practices by the records officers. This will no doubt boost the effectiveness of records management as well as health care delivery in hospitals. The research therefore will investigate staff quality as determinant

of records preservation and conservation practices in selected hospitals in Oyo State, Nigeria.

III. OBJECTIVES OF THE STUDY

The main objective of this study is to investigate staff quality as determinant of records preservation and conservation practices in selected hospitals in Oyo State. The specific objectives are to;

- i. determine the records preservation and conservation practices in selected hospitals in Ibadan, Oyo State;
- ii. ascertain the level of staff quality in records preservation and conservation practices in selected hospitals in in Ibadan, Oyo State;
- iii. find out the relationship between staff quality and preservation and conservation practices in selected hospitals in in Ibadan, Oyo State;
- iv. examine the relative contribution of staff quality to records preservation and conservation practices in selected hospitals in Ibadan, Oyo State.

1.4 Research questions

The following research questions are set to guide the study:

1. What are the records preservation and conservation practices in selected hospitals in Ibadan, Oyo State?
2. What is the level of staff quality in records preservation and conservation practices in selected hospitals in Ibadan, Oyo State?
3. What is the relative contribution of staff quality to records preservation and conservation practices in selected hospitals in Ibadan, Oyo State.

1.5 Hypotheses

The following null hypotheses were tested in the study at 0.05 level of significance:

1. There is no significant relationship between staff quality and records preservation and conservation practices in selected hospitals in Ibadan, Oyo State.

IV. LITERATURE REVIEW

Preservation and conservation of records practices in hospitals

Records may be defined as information that has been recorded, regardless of the format or medium in which it was acquired, or information that has been created and kept by establishments in order to meet their legal or statutory requirements, or any kind of record keeping. They include any type of paper, book, photograph, microfilm, map, sketch, or chart, as well as any other machine-readable records and magnetic tape. Effective and efficient record management requires the use of competent conservation and preservation techniques.

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temperature, and other measurements, as well as information on surgeries and other forms of treatment. In the majority of hospitals, all of the notes related to a patient are kept in a single file with the patient's name and other identifying information.

Pathological specimens and preparations according to International Records Management Trust (1999), is the preparations made from specimens taken from patients (such as plasma, serum, body fluids, swabs, moist tissue samples, or whole blood samples) for pathological evaluation and diagnosis are also included in the patient's case history. The format of specimens and preparations, like those of X-rays, prevents them from being stored with the case notes, though. Typically, specimens and preparations are stored on shelves or in boxes with labels. Once more, it is customary to use a single form for both requests and reports, and to store the original of that form or a copy of it in the patient's file.

International Records Management Trust (1999), further explained that one or more systems for organising and storing information about patients in a hospital should be established, either in the form of traditional card indexes or electronically. These indexes, which may be referred to as a "master patient index" if they contain data about all patients, serve as a way to locate patient casenotes and other diagnostic documentation such as X-rays. Additionally, the indexes themselves are important records. In some hospitals, separate index may be maintained in individual departments. In addition to indexes, chronological registers of patients may be kept, either centrally or individual departments. Specialist departments may maintain day books or registers that record information about each patient seen or request received. Chronological registers may also be used by the hospital to keep track of admissions, discharges, births, and deaths of patients

International Records Management Trust (1999), submitted that the main record of the hospital's affairs is kept in the minutes and papers of the significant committees and, if there is one, the governing body. Insofar as the hospital's daily operations require his or her guidance, the hospital administrator's files and communications will indicate how policies are being carried out as well as how they are being carried out

in general. Hospitals must maintain records for their finances, staff, facilities, lodging, stores, and other services, albeit these records will be similar to those kept by non-medical organisations of comparable size. In addition to these data, annual and statistical reports that provide summaries of hospital activity will likely be published. Other important hospital documents include duty officer logs and legal case files. The logs kept by duty officers can be used to document unforeseen situations that take place when hospital workers are off duty during the day. Further courses in this study program go into greater detail about the maintenance of administrative records.

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resources within an organization (Balloffet and Hille, 2009). It follows that although conservation comprises direct and hands-on treatment, physical treatment provided to specific items in the organisation's collections, preservation entails the overall and indirect measures meant for the safeguarding of all the organisation's assets.

Preservation is any activity involving the maintenance of library and archival materials so that they can be used in their original form physically or in another useable manner. The practice of conservation, a subset of preservation, entails the employment of preventative procedures or steps to delay the deterioration of materials, attend to their damage, and guarantee the ongoing usefulness of the particular things. Regular upkeep tasks like handling records carefully to avoid environmental hazards or physical harm, applying physical and chemical treatments that won't compromise the integrity of the original records, and other maintenance procedures are all part of preservation and conservation. These tasks are necessary to fend off further deterioration. In order to prevent their contents from being lost, they also require repairing already damaged records (Anyira, Onoriode, Oghenovo and Nwabueze, 2010). In a sense, it might be stated that the skill of conservation and preservation dates back as far as human civilization itself and that they are descended from the inherent behaviour that all humans share to defend themselves from damage.

According to Asogwa and Ifeanyi (2012), Preservation is a subfield of library and information science that deals with preserving and re-establishing continuous access to record and archive collections. It entails the investigation, diagnosis, treatment, and avoidance of the degradation, decay, and harm to the collections kept in institutions dedicated to cultural heritage. On the other hand, conservation entails the handling and fixing of individual artifacts within the collection in order to prevent further deterioration and damage and to return them to a useable condition. In order to save and preserve library materials and records, Senapti and Nagta (1996) point out the necessity of preventive actions. Documents must be stored properly, and they must also be shielded from heat, humidity, light, air pollution, dust, insects, and fungi, as well as fire,

water, and improper handling. They recommend that training programs for librarians cover conservation and preservation. African nations should adopt a preventive conservation and preservation strategy, according to Alegbeleye (1996), which should put an emphasis on enhancing the environment and regulating light, temperature, humidity, and pollution. To guarantee the continued presence of records, regardless of their format or qualities, preservation and conservation are two unavoidable factors that operate harmoniously.

Alayeh (2019) states that methods of preserving medical records include cleaning of records, careful handling, use of effective storage media, photocopying, using air filter systems to control air pollution, sun shield, use of energy-saving light, air conditioners for controlling temperature and relative humidity, using papers with low acidity, fumigation against insects and rodents attack, fire extinguishers and sand buckets, microfilming of records, and making sure adequate space is available. In the management of patients, medical records are crucial records. They provide specifics regarding each patient's background, clinical findings, diagnostic test results, pre- and postoperative care, patient progress, and medical history and care across time within a single healthcare facility (Bali, et. al., 2011). Health care practitioners input a number of notes into a patient's medical record throughout time, noting observations and the administration of medications and therapies, as well as test results, x-rays, reports, medications, and medical allergies, immunisation records, surgery history, etc. Maintaining correct medical records is a crucial component of providing high-quality treatment.

As a result, maintaining medical records is essential in a clinical setting. To ensuring that crucial knowledge is kept around for a while is the aim of preservation. Regardless of the format of the medical information (e.g., electronic or paper), effective record keeping promotes communication between various healthcare practitioners and allows for continuity of care (Mathioudakis, Rousalova, Gagnut, Saad and Hardavella, 2016). All multidisciplinary team members participating in a patient's care, including doctors, nurses, pharmacists, occupational therapists, psychologists, chaplains, and

administrators, are responsible for documenting medical information. Yet, the major duty of the librarian or information specialist is to ensure that medical records are preserved (Alayeh, 2019). The task of arranging and safeguarding medical information falls under the purview of the librarian or archivist (Alayeh, 2019).

Regardless of its formats, the goal of preservation and conservation is to guarantee the long-term retention of essential information resources (i.e. electronic or paper). Maintaining services and improving communication between various work units within an organisation are made possible by good preservation and conservation methods (Mathioudakis et al., 2016). It is regrettable that crucial tasks like cataloging and categorisation, acquisition, circulation, and serial management, which are performed by libraries and information centres, have received more attention than tasks like preservation and conservation (Rasaki and Abioye, 2013). Teper (2005) claims that while other library tasks are clearly established using the example of the library as a yardstick, the duties of effectively maintaining and preserving collections remain a mandate that is only partially performed. The failure to properly allocate resources and facilities to designated sections or units in hospitals may have an impact on hospital coordination and administration. Preservation and conservation are crucial records keeping practices in hospitals that should not be neglected.

V. STAFF QUALITY OF RECORD OFFICERS IN HOSPITALS

Conceptually staff quality signifies different things to different people. Although the term is rarely used in modern human resource literature, its meaning in common usage refers to an employee's efficacy and efficiency in achieving results in a certain situation. However, in this study, staff quality is defined as the information and communication technology (ICT) abilities, academic credentials, and trainings that hospital records officers have undergone and applied to their performance of records preservation and conservation. Hospital records workers are expected to have a certain level of academic training in order to be hired and perform their duties. Academic

credentials can include professional certifications, undergraduate degrees, graduate and professional degrees, as well as graduate and professional degrees with distinctions or honors for graduates with high point averages (Akers, 2023). Given that these records officers have been awarded academic stature, an increasing trend mandates that professionals responsible for preservation and conservation practices acquire educational qualification comparable to those of their colleagues.

Hence, it is also anticipated that those in charge of keeping hospital records will need to deliver prompt and accurate records for intentional services that support the overarching mission of their parent institutions. Apart from having the academic credentials necessary to determine their efficacy in their professional responsibilities and to increase the level of pleasure that clients obtain from the services they provided, records officers also need to be professional competent. Thus, records officers in hospitals should also possess some level of professionally competent gained through training. Training is a process of acquiring knowledge, skills and attitudes that are necessary for employee effectiveness and efficiency towards achieving organisational goals and objectives. Staff training is important because it enhances efficiency and productivity. Some authors use the terms “training” and “development” as one while some see the two concepts differently.

Training is the process of preparing employees for their current and future positions through structured learning experiences (Adesola, 2017). Strategically, organisational learning is concerned with the acquisition of knowledge, skills, strategies, and practices, and training and development is one of the many possible answers. These intellectual intangibles can be transformed into an organisational resource by the individuals who acquire, infer, and use them in order to meet the organisation's overall training and development goals (Armstrong, 2006). Training is an intentional effort with careful planning to speed up the employee's acquisition of competences linked to his or her job, which justifies the view of training in the corporate world as a requirement rather than a luxury. Recognition has also been made of the significance of training and development in

transforming attitude, knowledge, and skill behaviour through learning experiences to attain effective performance in a particular activity or spectrum of related activities. This indicates that one of the most important tools for advancing work-related abilities and results is training. Another dimension of a quality staff is one who possesses good information and communication literacy skills.

As part of the profession of human resource management, staff training is a crucial component of human resource development (HRD). Employees need to understand the culture of their firm in order to perform their jobs effectively and efficiently. They also need to possess the necessary values, attitudes, and abilities (Degraft-Otoo, 2012). To guarantee a sufficient supply of workers who are socially and technically competent for both departmental and management positions, staff training is required (Mullins, 2007). This is reinforced by a research by Heathfield (2012) who concluded that providing the correct employees with training, development, and education at the right time has significant advantages for an organisation in terms of increased productivity, knowledge, loyalty, and contribution.

The technologies can only work effectively if the human expertise is employed in which case the literacy skills of the staff. From the researcher's point of view, ICTs is defined as the technologies that consist of the hardware, software networks and media (communication tools) for the collection, storage, processing, transmission, and presentation of information. The need for the staff of libraries in French based institutions to acquire ICT literacy skills for effective Information services delivery to their users is fundamental. It will enable them operate better in this era of digital libraries, electronic libraries and globalisation occasioned by the use of ICTs. The introduction of ICTs and the acquisition of the ICT literacy skills will help to improve flexibility and responsiveness to change of library processes and reduce cost by automating routine tasks and other repetitive library jobs. According to Ikhemuemhe (2005), if record personnel continue to make substantial contributions as information or record keepers, they will have to understand and exploit ICTs infrastructure and emerging technologies in delivering services to their clientele. In repositioning

special libraries for effective information services delivery, the staff ICT literacy skills cannot be underestimated.

The possession of adequate information and communication literacy skills by records personnel in hospitals also signifies their readiness or otherwise among them to practice records preservation and conservation. The broad knowledge of the global changing environment in records preservation and conservation practices and use is pertinent for effectiveness in service delivery by records personnel in hospitals. Edesire and Odede (2013) posit that ICTs literacy skills deal with the application of information and communication technology to specific purpose, to them, it is beyond using software packages, operating system use of keyboards or the ability to copy-type and follow instructions but an integrated use of all and other ICT literacy skills to develop and present information in an integrated task. The ICT literacy skills that records personnel in hospitals should possess include: knowledge of operating systems, structure of databases as well as the guidelines that should be programmed in computer. The inability to use ICT tools can lead to resistance to technology which is acknowledged as the major impediment to embracing new technology.

VI. METHODOLOGY

The descriptive survey research design of the correlational type was adopted for the study. The population of the study comprises 190 health records officers in five hospitals in Ibadan, Oyo State. These are health records officers in the University College Hospital, Ibadan, Oyo State Government Hospitals, Adeoyo, Jaja Clinic, University of Ibadan, Oyo State Government Hospital, Jericho and Naomi Medical Centre Oke Padre. The total enumeration (census) technique was adopted for the study. The research instrument used for the study is the questionnaire. The data was analysed quantitatively using the descriptive and inferential statistics. Analysis of the information obtained from data collected was undertaken on computer using the Statistical Package for the Social Sciences (SPSS) version 20 software.

VII. RESULTS

Research question one: What are the records preservation and conservation practices in selected hospitals in Ibadan, Oyo State?

The responses of the records officers on the records preservation and conservation practices in the selected hospitals were presented in Table 1.

Table 1 Records preservation and conservation practices in the selected hospitals

S/N	Preservation and Conservation Practices	SA		A		D		SD		Mean S.D
		F	%	F	%	F	%	F	%	
1	Digitisation of records	16	8.7	22	12.0	130	70.7	16	8.7	2.21 .717
2	Photocopying of records	16	8.7	148	80.4	14	7.6	6	3.3	2.95 .540
3	Microfilming of records	16	8.7	30	16.3	126	68.5	12	6.5	2.27 .711
4	Use of pesticides, insecticides and insect repellent for records	136	73.9	41	22.3	5	2.7	2	1.1	3.69 .579
5	Environmental control on records	145	78.8	37	20.1	2	1.1	-	-	3.78 .443
6	Air conditioning of records	29	15.8	143	77.7	12	6.5	-	-	3.09 .464
7	Provision of firefighting equipment	123	66.8	57	31.0	4	2.2	-	-	3.65 .523
8	Training of staff on preservation of records	29	15.8	153	83.2	2	1.1	-	-	3.15 .384
9	Proper handling of records	155	84.2	27	14.7	2	1.1	-	-	3.83 .403

10	Cleaning and dusting of records	117	63.6	64	34.8	3	1.6	-	-	3.62	.519
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Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

Results revealed that the most prominent preservation and conservation practice in the selected hospitals was proper handling of records (\bar{x} =3.83). Others significant preservation and conservation practices were; use of pesticides, insecticides and insect repellent for records (\bar{x} =3.69), provision of firefighting equipment (\bar{x} =3.65) and cleaning and dusting of records (\bar{x} =3.62).

were; use of pesticides, insecticides and insect repellent for records (\bar{x} =3.69), provision of firefighting equipment (\bar{x} =3.65) and cleaning and dusting of records (\bar{x} =3.62).

Research question two: What is the level of staff quality in records preservation and conservation practices in selected hospitals in Ibadan, Oyo State?

Results revealed that the most prominent preservation and conservation practice in the selected hospitals was proper handling of records (\bar{x} =3.83). Others significant preservation and conservation practices

The responses of the records officers as regards staff quality are presented in Table 2

Table 2 Staff quality in records preservation and conservation practices in selected hospitals in Ibadan, Oyo State

S/N	STATEMENT	SA F %	A F %	D F %	SD F %	Mean S.D.
	ACADEMIC QUALIFICATION:					
1.	I am released to attend workshops, conferences, seminars for my cadre	163 88.6	21 11.4	- -	- -	3.89 .319
2.	I have tremendously gained new skill from correspondence course	160 87.0	24 13.0	- -	- -	3.87 .338
3.	The leadership in my institution support professional development of records personnel	53 28.8	131 71.2	- -	- -	3.29 .454
4.	Employee professional advancement is an important part of the institution activities	34 18.5	150 81.5	- -	- -	3.18 .389
5.	High quality development programme on technical skill is available to support professional development of records personnel	39 21.2	145 78.8	- -	- -	3.21 .410
	TRAINING:					
6.	I have gained experience in a range of tasks through job rotation.	106 57.6	78 42.4	- -	- -	3.58 .496
7.	The hospital periodically organises training on new technologies and technique for records personnel	77 41.8	105 57.1	- -	2 1.1	3.40 .553
8.	I attend staff training programme based on my cadre.	31 16.8	133 72.3	20 10.9	- -	3.06 .524
9.	Challenging project and assignment are given to staff to	106	73	5 2.7	-	3.55

	build new skill	57.6	39.7		-	.551
10.	I attend professional training frequently.	49 26.6	130 70.7	5 2.7	- -	3.24 .487
	ICT LITERACY SKILLS	46	136	2 1.1	-	3.24
11.	I can use search engines to locate information from the web for users.	25.0	73.9		-	.453
12.	I retrieve information from the Internet to satisfy information needs of users.	31 16.8	153 83.2	- -	- -	3.17 .375
13.	I use appropriate information technology.	45 24.5	139 75.5	- -	- -	3.24 .431
14.	I aid doctors in retrieving files.	108 58.7	59 32.1	17 9.2	- -	3.49 .661
15.	I carry out records search online.	108 58.7	73 39.7	3 1.6	- -	3.57 .528
	Total mean				-	50.98

In order to determine the level of staff quality of the records officers, a test of norm of conducted. There are fifteen items in the scale used to ascertain the level of staff quality and four measures (Strongly Agree, Agree, Disagree and Strongly Disagree). The fifteen items were multiplied by the four measures, which gives a score of 60. The division of 60 by 3 gives 20.

Thus, the scale between 0-19 shows that the level of staff quality of the records officers is low, the scale between 20.39 indicates that the level of staff quality is moderate and the scale between 40 - 60 shows a high level of staff quality on the part of the records officers. Findings showed that total mean score of the respondents is 50.98 which falls between the scale of 40-60 indicating that the level of staff quality in records preservation and conservation practices in selected hospitals in Ibadan, Oyo State is high.

Hypothesis one: There is no significant relationship between staff quality and records preservation and conservation practices in selected hospitals in Ibadan, Oyo State

The correlation analysis conducted staff quality and records preservation and conservation practices in the selected hospitals in Ibadan, Oyo State is presented in Table 4.10.

Table 3 Relationship between staff quality and records preservation and conservation practices in selected hospitals in Ibadan, Oyo State

Variable s	Me an	Std. Deviat ion	N	R	Df	Rema rks
Staff quality	50.98	2.899	18	.631	18	Sig.
Records preservation and conservation practices	32.23	2.838	4	**	3	

Findings revealed that there is a positive significant relationship between staff quality and records preservation and conservation practices by the records officers ($r=.631$; $df=183$; $p<0.01$). Thus, the higher the quality of staff, the more the records preservation and conservation practices will be enhanced. As a result of this, null hypothesis is rejected and the alternative that states that there is a significant relationship between staff quality and records preservation and conservation practices is hereby accepted.

VIII. SUMMARY

1. The prevailing records preservation and conservation practices in the selected hospitals were: proper handling of records, use of pesticides, insecticides and insect repellent for records, provision of firefighting equipment and cleaning and dusting of records.
2. On staff quality of records officers in the selected hospitals. These staff are trained, possessed the appropriate qualifications and ICT skills.
3. The level of staff quality among records officers was moderately high in the selected hospitals.
4. There was a significant positive relationship between staff quality and records preservation and conservation practices in the selected hospitals in Ibadan, Oyo State.

VIII. CONCLUSION

Records preservation and conservation practices is very important if hospitals in Ibadan are to be successful in keeping effective records for the benefit of their patients. Therefore, it is imperative that any hospital that will run an effective records preservation and conservation practices must have a certain strong level of staff quality in their organisational strength for records preservation and conservation practices. This implies that staff quality are determinants of records preservation and conservation practices in selected in Ibadan.

IX. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

1. The hospital management should encourage the use of audio tapes, digitising machine, video tapes and magnetic tapes by making them available as they were never used.
2. The level of staff quality of records officers were moderately high in the selected hospitals but can be improved upon, the recruitment requirement should include a higher level of qualification and a high level of ICT literacy skills.
3. Hospitals management should set a special budget for smooth running of records preservation and conservation practices to be more effective within

the hospitals since there are no specific budget for the preservation of records in the hospitals.

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